Circu	it Cou	rt for		<u> </u>			Ca	se No		
				City or C	county					
Name						Name				
					VS.					
Street Addı	ess		Apt. #	PO Box		Street Addr	ess		Apt.#	РО Вох
City	State	Zip Code	Area	Telephone	e	City	State	Zip Code	Area	Telephone
-		Plaintiff	Code			-		Defendant	Code	
	Į			D 4 171		в ові	D X / T			
		F	AFFL			F SE	KVI	CE		
					rtitied DOM REL	Mail)				
				,-						
I certify	that I s	erved the fo	ollowing	documer	nts (Che	eck all the	at apply	v):		
	Writ of	Summons								
	Compla	int/Petition	/Motion:							
	Domost	ia Casa Inf	amatian	(List name	of compla	int/petition/mo	otion).			
		tic Case Info al Statemer		Keport (DCIK	rom)				
	Show C	ause Order	and Peti	tion:						
_	0.4	ause Order			(List type	of petition).				
Ш	Other: _	(List a	Il other docui	ments se rved)).					
wnien v	were pre	eviously file	ea with tr	iis Court	upon_	1	Name of pe	erson served		
on		·		, at	24 4 4					
	Date				Street Ad	dress (City	State	Zip Co	de
by certi	fied ma	il, restricted	deliver	y, return 1	receipt	requested	. The	original ret	turn recei	pt signed
•									0	
by	Name of pe	rson served			1S	attached.	Also a	ittached is a	a copy of	any
		cess") issue								
								0)		
service	upon th	e person se	rved. Ic	ertify tha	t I am	over eight	een (1	8) years of	age and I	am not
the Plai	ntiff or	the Defend	ant							
the rad		the Defend	uiit.							
I SOLE	MNLY	AFFIRM u	nder the	penalties	of per	jury that t	he con	tents of the	foregoin	g paper
are true	to the	est of my l	nowledg	ge, inform	nation,	and belief	f.			
Date				<u> </u>	Name of	person certifyi	ng service	(signature)		
									11	
					Name of	person certityi	ng service	(printed or typed	1)	
					Street Ad		vico	City	State	Zip Code
					(ı certifying ser)	VICE			
					Area Cod	e Telephon	e Number	of person certify	ing service	